

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/622199

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
/ 1		/					/ 51						
/ 2		/					/ 52						
/ 3		/					/ 53						
/ 4		/					/ 54		/				
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/ 49		/					/ 99						
/ 50		/					/ 100						
TOTAL IND.							TOTAL IND.	/					
TOTAL DEP.							TOTAL DEP.	37					
TOTAL CLAIMS							TOTAL CLAIMS	38					

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						